

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90103 035 ****61.25

DOCUMENT # N23133

1. Entity Name

**GULF PINES PROPERTY OWNERS ASSOCIATION OF
GULF COUNTY, INC.**



Principal Place of Business

~~618 GULF PINES DR.~~
~~PORT SAINT JOE FL 32456~~
~~US~~

Mailing Address

PO BOX 681
PORT ST. JOE FL 32457
US



2. Principal Place of Business

473 GULF PINES DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

City & State

Zip

32456

Country

USA

Zip

Zip

Country

Country

4. FEI Number

59-2887399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACK, GARY
500 W. 11 STREET
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

378 GULF PINES DR.

City

Port St. Joe

FL

Zip Code

32456

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☒ Delete
NAME ~~LEWIS, RUSSELL~~
STREET ADDRESS ~~539 GULF PINES DR.~~
CITY-ST-ZIP ~~PORT SAINT JOE FL 32456~~

TITLE ~~VD~~ ☒ Delete
NAME ~~WOODWARD, DAVID~~
STREET ADDRESS ~~728 BARONGATE DR.~~
CITY-ST-ZIP ~~LAWRENCEVILLE GA 30044~~

TITLE ~~S~~ ☒ Delete
NAME ~~PACK, GARY~~
STREET ADDRESS ~~500 W. 11TH STREET~~
CITY-ST-ZIP ~~PANAMA CITY FL 32401~~

TITLE ~~TD~~ ☐ Delete
NAME ~~JONES, MILTON~~
STREET ADDRESS ~~3438 SUE MACK DRIVE~~
CITY-ST-ZIP ~~COLUMBUS GA 31906~~

TITLE ~~D~~ ☒ Delete
NAME ~~PACK, GARY~~
STREET ADDRESS ~~3416 CARRING WAY~~
CITY-ST-ZIP ~~MCHENRY IL 60060~~

TITLE ~~D~~ ☒ Delete
NAME ~~GOULD, PATRICK~~
STREET ADDRESS ~~190 GULF PINES DRIVE~~
CITY-ST-ZIP ~~PORT SAINT JOE FL 32456~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PD~~ ☐ Change ☒ Addition
NAME ~~WILLIS, BOB~~
STREET ADDRESS ~~473 GULF PINES DR.~~
CITY-ST-ZIP ~~PORT ST. JOE, FL 32456~~

TITLE ~~VD~~ ☒ Change ☐ Addition
NAME ~~GOULD, PATRICK~~
STREET ADDRESS ~~190 GULF PINES DR.~~
CITY-ST-ZIP ~~PORT ST. JOE, FL 32456~~

TITLE ~~SP~~ ☒ Change ☐ Addition
NAME ~~PACK, GARY~~
STREET ADDRESS ~~378 GULF PINES DR.~~
CITY-ST-ZIP ~~PORT ST. JOE, FL 32456~~

TITLE ~~VD~~ ☒ Change ☐ Addition
NAME ~~WOODWARD, DAVID~~
STREET ADDRESS ~~728 BARONGATE DRIVE~~
CITY-ST-ZIP ~~LAWRENCEVILLE, GA 30044~~

TITLE ~~D~~ ☐ Change ☐ Addition
NAME ~~WOODWARD, DAVID~~
STREET ADDRESS ~~728 BARONGATE DRIVE~~
CITY-ST-ZIP ~~LAWRENCEVILLE, GA 30044~~

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address with all other like empowered.

SIGNATURE:

[Signature]

Bob Willis

4/30/06

850-227-1792